

PRINT OR TYPE IN BLACK INK



WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY									
Reviewed by _____					Date _____		Well Type _____		
WELL NAME AND NUMBER 18					API WELL IDENTIFICATION NUMBER 31 - 0 9 7 5 1 4 9 6 0 0 0 1				
WELL OWNER (Full Name of Organization or Individual as registered with the Division) Inergy Midstream LLC									
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final			TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal				
If the well is a directional or sidetrack, also submit a complete directional survey									
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert			WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____						
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____					TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify) _____				
7½ MINUTE QUAD NAME Reading Center					QUAD SECTION F				
LOCATION DESCRIPTION Surface 0' 0'					Decimal Latitude (NAD83) 4 2 . 4 2 3 1 0 6			Decimal Longitude (NAD83) 7 6 . 8 9 6 6 9 7	
Top of Target Interval _____					_____			_____	
Bottom of Target Interval _____					_____			_____	
Bottom Hole 2,065 TVD 2,065 TMD					_____			_____	
PRODUCING FORMATION(S) Syracuse Salt			DEEPEST FORMATION PENETRATED Syracuse Salt			DRILLING CONTRACTOR(S) Drillers LLC.			
For vertical wells, use TMD to record depths									
COUNTY Schuyler			DATE DRILLING COMMENCED Month 8 Day 20 Year 2011			DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.			
TOWN Reading Center			DATE DRILLING COMPLETED Month 8 Day 31 Year 2011			DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 2,065 ft.			
FIELD/POOL NAME US Salt			DATE FINAL COMPLETION/RECOMPLETION Month 12 Day 9 Year 2011			ROTARY DRILLING FLUID <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) 2,065 TVD 2,065 TMD		LOGGER'S TD (ft.) 2,028 TVD 2,028 TMD		PLUG BACK TO (ft.) _____ TVD _____ TMD		KICKOFF DEPTH (ft.) _____ TMD		ELEV. (ft.) 687 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey	
_____		_____		_____		_____		DATUM (ft.) 687 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL	
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back									
LIST ALL WIRELINE LOGS RUN—SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input checked="" type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) RT Explorer, Sbt, cement bond, HR vertilog						WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional			
						CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
C A S I N G P R O G R A M	CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)			
						CASING	CENTRALIZERS	BASKETS	
	Drive Pipe or Conductor	existing	14"	46#		10'			
	Surface or Water	12 3/8"	9 5/8"	36#	new	716'	116,236,354,476,596,675	12'	
	Intermediate	8 3/4"	7"	23#	new	2035.69'	every 3rd. jt = 14	40'	
	Production								
	Liners								
C E M E N T	CEMENT DATA	CLASS/TYPE OF CEMENT	NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)	CEMENT TOP (TMD)	W.O.C. (hrs.)	
	Drive Pipe or Conductor								
	Surface or Water	Class A	265	15.6	1.18	306.8	surface	24	

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ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER 18		API WELL IDENTIFICATION NUMBER 31-09751496-0001									
P R E C O M P L E T I O N	TYPE OF TEST (dst, bail, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA						
		ft. to	ft.								
		ft. to	ft.								
		ft. to	ft.								
C O M P L E T I O N	COMPLETION EQUIPMENT: List tubing, packer, rods, pump, bridges, etc.; note sizes and depths					WELL COMPLETED OPEN HOLE (TMD)					
	7" 23# casing to 2035' w/ inflatable packer @ 1990' at surface is 7"x 9" 3M wellhead and test flange.					ft. to ft.					
S T I M U L A T I O N	PERFORATED INTERVALS (TMD)		NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued		NO. OF SHOTS				
	ft. to	ft.			ft. to	ft.					
	ft. to	ft.			ft. to	ft.					
	ft. to	ft.			ft. to	ft.					
P R O D U C T I O N	ZONES TREATED (TMD)		DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.								
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
	ft. to	ft.									
F O R M A T I O N	FORMATION TESTED		GAS TEST		OIL TEST		INITIAL SHUT-IN PRESSURE				
			<input type="checkbox"/> Build Up <input type="checkbox"/> Drawdown		<input type="checkbox"/> Pump <input type="checkbox"/> Flow		Surface _____ psi. Bottom Hole _____ psi.				
	DURATION OF TEST hrs.	FLOWING TEST DATA Choke in.	Tubing psi	Casing psi	S.I. Tubing psi	S.I. Casing psi	S.I. Time hrs.				
	PRODUCTION Oil bpd	Water bpd	Gas mcfpd	GAS MEASURED BY <input type="checkbox"/> Orifice <input type="checkbox"/> Pitot <input type="checkbox"/> Estimated			TEST STARTING DATE				
U N C O N S O L I D A T E D R E C O R D O F F O R M A T I O N B E N D I N G	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS						
	0	0	-----		Ground Surface (Elevation)						
		500	Tully								
		1,460	Marcellus								
		1,528	Onondaga								
		2,022	Syracuse Salt								